

# DTEXASABETES

The Newsletter of the Texas Diabetes Council



## End-Stage Renal Disease: Decreasing the Increase

The June issue of *Texas Medicine* called attention to increasing numbers of persons with end-stage renal disease (ESRD) in Texas and the nation (*Decrease the Increase: More ESRD Patients Could Collapse Existing System*).

A Centers for Disease Control and Prevention (CDC) report quoted in the article states that numbers of new ESRD cases in the United States have increased from 14,500 in 1978 to 100,359 in 2002, while the number of Americans on dialysis and with kidney transplants skyrocketed from 42,000 to 431,000. The CDC estimates

that, by 2030, the annual number of people with new onset of ESRD will exceed 450,000, and those receiving dialysis or who have had kidney transplants will top 2 million.

The National End-Stage Renal Disease Program provides Medicare benefits to cover medical expenses for most individuals with ESRD. The End Stage Renal Disease Network of Texas works with consumers and ESRD facilities to ensure quality of care for ESRD Program recipients. According to Network reports, among the 27,229 active dialysis patients in Texas at the end of 2004, diabetes was the leading primary diagnosis, accounting for 14,027 patients, followed by 6,691 patients with a primary diagnosis of hypertension.

The growing number of ESRD patients and their anticipated impact on health care systems have motivated prevention efforts to address this complication of diabetes. A number of diabetes

and kidney-related organizations are establishing partnerships and activities to "decrease the increase."

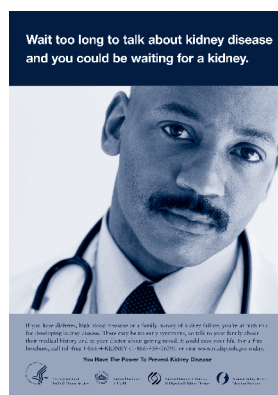
The **Texas Renal Coalition (TRC)** was organized in 1995 to advocate for increased funding of treatment services for Texans with ESRD through the Texas Department of State Health Service's Kidney Health Care Program. While treatment of ESRD remains an important part of its mission, the Coalition is expanding its scope to include prevention.

"The only way to treat ESRD is with dialysis or transplantation, both of which are extremely expensive. As of now, the growing number of ESRD patients is outstripping treatment resources," said TRC Chair, Glen Stanbaugh, Jr., MD. "You can build more dialysis centers, but you can't necessarily grow more nephrologists, nurses, or kidney donors."

The TRC hopes to develop a statewide media campaign aimed at persons at risk for ESRD, as well as messages for health care professionals.

The **Texas Diabetes Council**, through its Health Care Professionals Advisory Committee, has developed standards of care and treatment algorithms to assist health care professionals in maintaining desirable A1c levels and normal blood pressure in patients with diabetes – key outcomes for preventing future cases of ESRD. The Council has encouraged Texas health maintenance organizations (HMOs) to use these and other tools developed by the Council to improve care received by their patients with diabetes. HMOs in Texas use Health Plan Employer Data Information Set (HEDIS) measures to gauge their performance. By promoting better outcomes on HEDIS measures related to screening for kidney disease (microalbuminuria test), A1c testing, and blood pressure control, the Council seeks to prevent ESRD and other complications among Texans with diabetes served by HMOs.

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TEXAS DIABETES  
COUNCIL

# A Family Physician's Practical Guide to Culturally Competent Care

**P**hysicians can now access a training tool that aims to reduce the challenges and frustrations often associated with providing health care to patients of varying cultures. The nine hour training course, **"A Family Physician's Practical Guide to Culturally Competent Care,"** will help the practice incorporate culturally competent policies, structures, and methods to provide services for people from diverse ethnic, racial, cultural, and linguistic backgrounds.

The course is a continuing medical education activity that is supported through unrestricted monies from the Office of Minority Health and is being coordinated through the TMF Health Quality Institute (TMF) and the Centers for Medicare & Medicaid Services.

## The training course is designed to assist the physician:

- ♦ To meet legislative, regulatory and accreditation mandates
- ♦ To decrease the likelihood of liability/malpractice claims
- ♦ To eliminate long-standing disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds
- ♦ To improve the quality of services and health outcomes



## Additional benefits for physicians who participate in the course include:

- ♦ Up to nine free CME credits for physicians\*
- ♦ On-site consultation by TMF staff to assist in implementing the Culturally and Linguistically Appropriate Services (CLAS) standards
- ♦ A three percent professional liability insurance premium discount of up to \$1,000 to physicians insured by Texas Medical Liability Trust

Both the training and consultation are offered at no cost to the physician. For more information or to participate, please visit [www.tmf.org/9CME](http://www.tmf.org/9CME) or contact:

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*\* Professional Education Services Group (PESG) designates this educational activity for a maximum of 9.0 category 1 credits toward the AMA Physician's Recognition Award, and the Academy of Family Physicians also provides credits at Category 1. Educational credit is earned in increments of three for each of three training modules.*

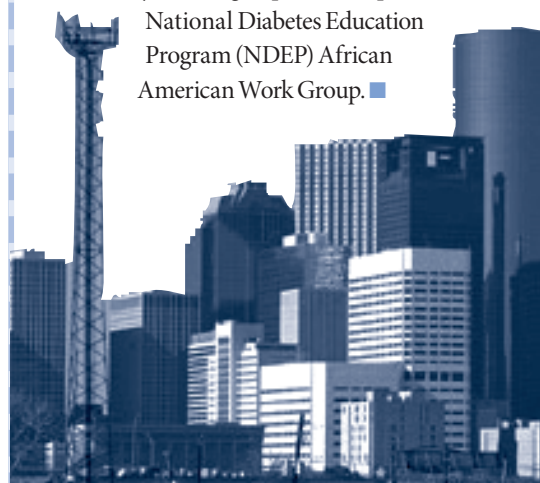
# Houston Area Urban League Presents Legislative Conference on Diabetes

**T**he "Texas Diabetes State Plan in the African American Community" was the topic of roundtable discussion at a Houston Area Urban League conference held on April 12, 2006, at the Houstonian Hotel. Co-sponsored by the National Urban League and GlaxoSmithKline, objectives for the conference included:

- ♦ raising lawmaker's consciousness about diabetes in the African American community
- ♦ learning about Health and Human Services Commission (HHSC) programs and funding allocated by the legislature for treating/preventing diabetes, specifically in Harris County
- ♦ exploring legislative or regulatory solutions to improve health outcomes in managing and or preventing diabetes

The National Urban League implements the "Lift Every Voice Program" using community-based interventions to empower African Americans to educate themselves about diabetes prevention. The League also provides diabetes education messages and products for African American communities

by working in partnership with the National Diabetes Education Program (NDEP) African American Work Group. ■



# NEW HOPE FOR DIABETIC NEUROPATHY?

*Nerve decompression and promising gene therapy offer hope for patients with diabetic neuropathy.*

## Nerve Decompression Debated at ADA Scientific Sessions

**S**tudies have shown that persons with diabetes are more susceptible to chronic peripheral nerve compression, producing symptoms similar to diabetic neuropathy (pain, burning, tingling, and numbness). As a result, some patients with diabetic neuropathy may also be experiencing the combined symptoms of chronic nerve compression.

Lower extremity nerve decompression as a means of relieving pain and improving sensation in patients with diabetic neuropathy was a topic of debate at the American Diabetes Association's 66th Annual Scientific Sessions held in Washington, D.C., in June.

Studies presented by A. Lee Dellon, MD, Peripheral Nerve Surgeon and Professor at Johns Hopkins University, showed that, in a group of 833 patients who underwent Dellon's surgical technique for nerve decompression, 86% experienced relief of pain and 81% experienced recovery of sensibility. Patients also remained free of ulceration or amputation.

Arthur I. Vinik, MD, from the Streilitz Diabetes Institute in Norfolk, Virginia, and Professor at the Eastern Virginia College of Medicine, agreed that about one third of patients with diabetes would have a compression of the peripheral nerve, but pointed out difficulties that exist in diagnosing nerve compression and potential candidates for surgery. Vinik indicated that undergoing surgery can have a powerful placebo effect for patients, producing favorable results even when nerve compression doesn't exist. He also related pain of neuropathy to small nerve fiber endings in the skin, which can be addressed through drug treatment rather than surgery. It was noted that a randomized prospective study of nerve decompression using a control group had not been performed.

Discussion among experts following presentations by Dellon and Vinik indicated that a number in attendance, including Texas Diabetes Council Chair, Lawrence Harkless, DPM, had personally observed favorable outcomes among patients who were candidates for Dellon's nerve decompression procedure. In summary, it was agreed that peripheral nerve decompression would be appropriate for patients with symptoms of diabetic neuropathy when a superimposed nerve compression could be identified, and that a randomized controlled study should be conducted to further verify the promising results experts have reported.

*In Texas, a number of podiatric surgeons are using Dellon's techniques for patients with diabetic neuropathy.*

"These techniques have reversed the nerve damage in several thousand patients in North Texas and there are surgeons incorporating these techniques in the DFW Metroplex, Houston, San Antonio, Amarillo and several other cities in Texas," said Damien M. Dauphinée, DPM, FACFAS, CWS. Dauphinée and other physicians and surgeons with an interest in diabetic neuropathy have formed the Texas Peripheral Nerve Institute ([www.TxPNI.com](http://www.TxPNI.com)). The surgeon members received specialized training in the diagnosis and surgical treatment of peripheral neuropathy through the Dellon Institutes for Peripheral Nerve Surgery.

Dauphinée addresses the diagnosis of potential candidates for nerve decompression in an article he co-authored which highlights the value of newer ultrasound imaging techniques for use in identifying chronic compression in diabetic patients with neuropathy. (*Morphological and Functional Changes in the Diabetic Peripheral Nerve. Using Diagnostic Ultrasound and Neurosensory Testing to Select Candidates for Nerve Decompression*, J Am Podiatr Med Assoc 95(5): 433-437, 2005) ■

*Editor's note: Proceedings of the ADA Scientific Sessions mentioned in this article are summarized from a report by Dave Joffe, BSPHarm, CDE, FACA, Editor, Diabetes in Control. The full report can be found at [www.diabetesincontrol.com](http://www.diabetesincontrol.com)*

## Scientists See Success in Trials for Diabetic Nerve Therapy

A University of Manchester team has discovered that injection of a novel therapeutic that works by stimulating a person's genes may prevent nerve damage caused by diabetes. Tests have shown that a single injection of a DNA-binding protein protected nerve function, stimulated nerve growth, and prevented tissue damage that can lead to limb loss. These positive preclinical results, along with initial-stage clinical trials on patients in the U.S., provide hope for a new treatment for diabetic nerve damage. ■

*Reported on June 15, 2006, in the "In Diabetes Today" section of the American Diabetes Association web site, [www.diabetes.org](http://www.diabetes.org).*

# Data Highlights

*Editor's Note: Epidemiologists in the Chronic Disease Prevention Branch, Texas Department of State Health Services, analyze a number of data sources to provide information related to diabetes in Texas. Eric Miller, PhD, Epidemic Intelligence Service (EIS) Officer with the Centers for Disease Control and Prevention, examined Texas hospital discharge data to estimate hospitalization costs of diabetes in Texas and the burden of diabetes-related amputations along the Texas-Mexico border.*

## Cost of Hospitalizations Attributed to Diabetes – Texas, 2003

The cost of hospitalizations attributed to diabetes nationwide has been estimated to be greater than \$40 billion according to data from the American Diabetes Association (ADA). Using methods similar to the ADA, total cost of hospitalizations attributed to diabetes in Texas were estimated to be \$3.7 billion in 2003.

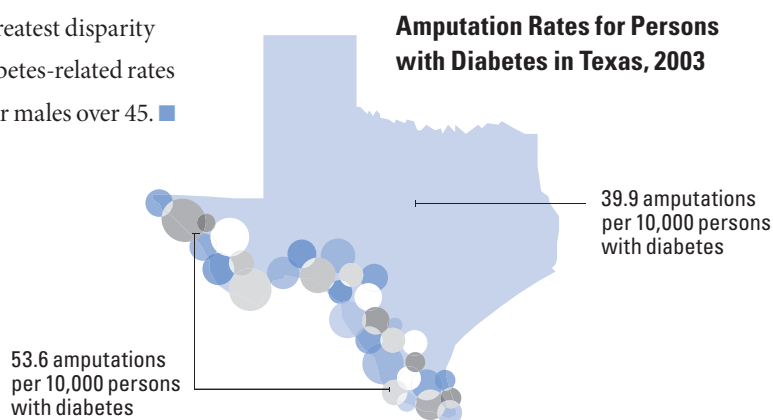
General medical conditions accounted for 47% (\$1.7 billion) of the cost while admissions for cardiovascular conditions/procedures accounted for 40% (\$1.5 billion). Sixty one percent of the charges (\$2.2 billion) were for patients aged 65 years and older. ■

## Disparities Among Persons with Diabetes-Related Amputations Along the Texas-Mexico Border

A comparison of amputation rates for border and non-border counties using 2003 hospital discharge data revealed significantly higher amputation rates in border counties. The rate of amputations for the 32 Texas counties within 100 kilometers of the Texas-Mexico border was 8.3 per 10,000 persons, compared to 4.5 per 10,000 persons in non-border counties.

Looking at amputation rates for persons who have diabetes, border counties still had significantly higher rates. Among persons with diabetes, the amputation rate for border counties was 53.6 per 10,000 persons, compared to 39.9 per 10,000 persons in non-border counties.

The greatest disparity in diabetes-related rates was for males over 45. ■



# Gestational Diabetes Tips from the NDEP

Women with a history of gestational diabetes have an increased lifelong risk of developing type 2 diabetes, and their children are at increased risk for obesity and diabetes.

The good news from the National Diabetes Education Program (NDEP) is that women who have had gestational diabetes can prevent or delay type 2 diabetes, and help their children lower their risk for the disease.

*It's Never Too Early to Prevent Diabetes.*

*A Lifetime of Small Steps for a Healthy Family,* the latest

diabetes prevention campaign from the NDEP, offers tips to help women with a history of gestational diabetes:



- ♦ **Women need to know if they had gestational diabetes and should let their current doctors know.**
- ♦ **Women should be tested for type 2 diabetes regularly: 6 to 12 weeks after the baby is born, then every 1 to 2 years.**
- ♦ **Women should talk to their doctor if they plan to become pregnant again.**
- ♦ **Breast feeding may lower the child's risk for diabetes.**
- ♦ **Mothers need to aim for their pre-pregnancy weight 6 to 12 months after the baby is born. Then, if still overweight, work to lose at least 5 to 7 percent (10 to 14 pounds for someone who weighs 200 pounds) of body weight slowly, over time, and keep it off.**

*It's Never Too Early to Prevent Diabetes* is the latest addition to NDEP's campaign, *Small Steps. Big Rewards. Prevent Type 2 Diabetes*, the nation's first comprehensive multicultural type 2 diabetes prevention campaign. To get copies of the new tip sheets for gestational diabetes in English and Spanish, visit [www.ndep.nih.gov](http://www.ndep.nih.gov) or call 1-800-438-5383. ■



## END-STAGE RENAL DISEASE: DECREASING THE INCREASE *(Continued from Pg 1)*

**The National Kidney Disease Education Program (NKDEP)** is working to increase early detection of chronic kidney disease (CKD) and to improve patient outcomes by encouraging more routine testing of at-risk patients and use of estimated glomerular filtration rate (GFR). NKDEP supports use of an estimating or prediction equation to GFR from serum creatinine to determine kidney function of people with CKD and those at risk (those with diabetes, hypertension, cardiovascular disease, or a family history of kidney disease). This method is also supported by the Kidney Disease Outcomes Quality Initiative (KDOQI) of the National Kidney Foundation and referenced for definition of CKD in the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) of the NIH. All recommend the Modification of Diet in Renal Disease (MDRD) equation for adults.

More information about GFR, free GFR calculators (for adults and children), and a CKD Quick Reference Card that outlines testing and treatment recommendations are available on the NKDEP website at [www.nkdep.nih.gov](http://www.nkdep.nih.gov). ■

## Explaining Kidney Disease to Your Patients – Materials from the NKDEP

**Learn the Risks** – Brochure explains the key risk factors for kidney disease and the importance of getting tested. (African-American audiences) [http://www.nkdep.nih.gov/resources/kidney\\_disease\\_diabetes.pdf](http://www.nkdep.nih.gov/resources/kidney_disease_diabetes.pdf)

**Diabetes & High Blood Pressure: The Two Leading Causes of Kidney Disease** – Brochure written for people with diabetes or high blood pressure. Explains the key risk factors for kidney disease and the importance of getting tested. (General public; will be available this summer)

**¡Cuidado! ¡La diabetes y la presión arterial alta pueden causar enfermedades de los riñones! Aprenda a proteger sus riñones.** (Caution! Diabetes or High Blood Pressure Can Cause Kidney Disease! Learn how to protect your kidneys.) – Brochure explains the key risk factors for kidney disease and the importance of getting tested. (Spanish-speaking audiences) <http://www.nkdep.nih.gov/resources/cuidado.pdf> ■

## Texas Achieves One of Three HP2010 Targets for Preventive Diabetes Services

The Centers for Disease Control and Prevention's (CDC) National Diabetes Prevention and Control Program refers to three Healthy People 2010 objectives in charting progress towards improving preventive care services for persons with diabetes. Texas is recognized as one of 35 states meeting the HP2010 prevalence target of 50% of persons with diabetes receiving measurement of A1c two or more times per year for 2002-2004. Other measures are indicated below along with prevalence for Texas and the national target. Prevalence figures are based on responses of persons with diabetes in Texas to Behavioral Risk Factor Surveillance System telephone surveys.

### Age-adjusted prevalence of adults with diabetes aged ≥ 18 years receiving preventive-care services – Texas Behavioral Risk Factor Surveillance 2002-2004

Diabetes Preventive Service	Texas Prevalence	National Target
Annual Eye Exam	60.5%	75%
Annual Foot Exam	65%	75%
> 2 A1c tests per year	67.5%	50%
Multiple Preventive Care Services*	36.6%	N/A

\* Receiving one or more eye exams, one or more foot exams, and two or more A1c tests during the preceding year.

Source: Centers for Disease Control and Prevention. MMWR 2005; 54(44); 1130-33

## Strategic Plan for the Prevention of Obesity in Texas Updated for 2005-2010

In April, the Texas Department of State Health Services (DSHS) announced a revised edition of the Strategic Plan for the Prevention of Obesity in Texas. The plan provides a framework for coordinating local obesity prevention efforts with statewide targets, strategies, and action items. Download a copy today at [www.eatsmartbeactivetx.org](http://www.eatsmartbeactivetx.org). ■



# New Supplies of TDC Literature on the Way!

A new shipment of **Taking Charge of Your Health: Controlling Diabetes One Day at a Time** (Publication #10-21 and 10-21A –Spanish) has arrived. If you haven't been able to order, please try again!

**The Diabetes Tool Kit** (Publication #10-114), a teaching aid for health care professionals, is not currently in stock. A revised version will be available this fall. In the meantime, it can still be accessed online at <http://www.dshs.state.tx.us/diabetes/hctoolkt.shtm>. Diabetes treatment algorithms found in the tool kit are updated and placed on the TDC web site at <http://www.dshs.state.tx.us/diabetes/hcstand.shtm>.



TEXAS DIABETES  
COUNCIL

## Texas Diabetes Council Members

Council members are appointed by the Governor and confirmed by the Senate. Membership includes a licensed physician, a registered nurse, a registered and licensed dietitian, a person with experience in public health policy, three consumer members, four members from the general public with expertise or commitment to diabetes issues, and five state agency representatives who are non-voting members.

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